

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: Eccentric Lumen Stents  
Attorney Docket Number:: FIW-002.01  
Small Entity?:: Yes

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Family Name:: Manasas  
City of Residence:: Lexington  
State or Province of Residence:: MA *MA*  
Country of Residence:: United States of America  
Street of mailing address:: 6 Bennett Avenue  
State or Province of mailing address:: MA  
Country of mailing address:: United States of America  
Postal or Zip Code of mailing address:: 02421

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gloria Ro  
Family Name:: Kolb  
City of Residence:: Milton  
State or Province of Residence:: MA *MA*  
Country of Residence:: United States of America

Street of mailing address:: 570 Pleasant Street  
State or Province of mailing address:: MA  
Country of mailing address:: United States of America  
Postal or Zip Code of mailing address:: 02186

#### **Correspondence Information**

Correspondence Customer Number:: 25181

#### **Representative Information**

Representative Customer Number::	25181
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#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US03/032162	8 October 2003
PCT/US03/032162	An application claiming the benefit under 119(e) of	60/417,115	9 October 2002

#### **Assignee Information**

Assignee Name:: Fossa Medical, Inc.  
Street of mailing address:: 3F Highland Circle  
City of mailing address:: Needham  
State or Province of mailing address:: MA  
Country of mailing address:: United States of America  
Postal or Zip Code of mailing address:: 02494